Facility: Your Nursing Facility ID: 000000000012

## Illinois Department of Public Aid Bureau of Long Term Care

## Additional Residents not Listed on the Medicaid Resident Vaccine Administrative Record

Last	First	RIN	<b>Date</b> Initials
			//2004
			//2004
			//2004
			//2004
			//2004
	<b>IDI</b>		//2004
	VIPI	, <b>H</b> , [	//2004
	<b>V A A</b> A		//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
			//2004
	<u> </u>		//2004
	<del></del>		//2004
	<u>-</u> <u></u> - ·		//2004
			//2004